

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD APPLICATION FOR LICENSED CLINICAL SOCIAL WORKER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK

Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different from above)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
--	--

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)

If yes, provide your Wisconsin license/credential number. _____ () APSW _____ () CISW

Professional Education (post-secondary schools, locations, degrees and dates of graduation)			DATE OF GRADUATION (m/d/y)
SCHOOL	LOCATION (City/State)	DEGREE & MAJOR	

APPLICATION FEES Please check applicable blank and make check payable to the Department of Regulation and Licensing and attach to application.

____ **LCSW Licensure**
\$ 53.00 Initial Credential Fee
\$ 57.00 Wisconsin Statute and Rule Exam Fee (This fee is not required if you have taken this exam in the last 5 years.)
\$ 15.00 Exam Contract Fee
\$125.00 Total Fee Attached

____ **\$10.00 Temporary License:** (Additional fee is required only if you are requesting a temporary license.)

____ **Reciprocity:** (Individuals who hold a credential in another state or jurisdiction)
\$ 73.00 Reciprocal Fee
\$ 57.00 Wisconsin Statute and Rule Exam Fee
\$130.00 Total Fee Attached

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

APPLICANTS WHO ARE CREDENTIALLED AS SOCIAL WORKERS IN OTHER STATES OR TERRITORIES **COMPLETE THIS SECTION:**

I am credentialed in the following states or territories:

Applicants are required to have each state board or territory of the United States in which they have ever been credentialed submit verification (Form #2682) to the Social Work Section. The verification must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. If your credential was obtained without having taken a national exam or its equivalent, you may not be eligible for licensure by reciprocity in Wisconsin.

FOREIGN DEGREES

Was your degree issued by a school outside of the U.S.? ☐ Yes ☐ No

Applicants with a degree awarded by a foreign institution of higher learning are required to submit verification from the Council of Social Work Education (CSWE) that the degree has been determined by the CSWE to be equivalent to a program accredited by the CSWE. MPSW 3.05(2)

CSWE contact information: COUNCIL OF SOCIAL WORK EDUCATION
DIVISION OF STANDARDS AND ACCREDITATION
1725 DUKE ST STE 500
ALEXANDRIA VA 22314-2457
Telephone: 703-519-2044 FAX: 703-739-9048

Was the degree program in English? ☐ Yes ☐ No

If the applicant's education was not received in English, the applicant must demonstrate proficiency in English by achieving a score of 550 (or 213 on the computer-based exam) or above on the test of English as a foreign language (TOEFL) or an equivalent score on an equivalent examination. MPSW 3.05(2)

TOEFL contact information: Telephone: 609-771-7100

Mark an X in the appropriate box. If you answer YES to any question, give an explanation of all details on an attached sheet.

A "YES" answer does not preclude certification. ***Please print your name and birth date at the top of each attached sheet.***

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

		<u>YES</u>	<u>NO</u>
1.	Do you hold a certificate from the Academy of Certified Social Workers (ACSW)? If yes, request ACSW to submit written verification of your certification directly to the Social Worker Section. See MPSW 3.07(4) in the Wis. Admin. Code book.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you a Board Certified Diplomate (BCD) of the American Board of Examiners in Clinical Social Work? If yes, request the Board to submit written verification directly to the Social Worker Section. See MPSW 4.01(4) in the Wis. Admin. Code book.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever applied for and been denied a credential (license, certification or registration) in any profession? If yes, give details on an attached sheet, including the name of the profession and the licensing authority.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever surrendered or canceled your credential (license, certification or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association.	<input type="checkbox"/>	<input type="checkbox"/>

Wisconsin Department of Regulation & Licensing

7. Is disciplinary action pending against you in any jurisdiction? **If yes, give details on an attached sheet, including the name of the profession and the authority.** ☐ ☐
8. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.) ☐ ☐
9. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) charges.) ☐ ☐
10. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. ☐ ☐
11. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
12. Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in Wisconsin Statutes? If yes, give details on an attached sheet. ☐ ☐
13. Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? **If yes, give details on an attached sheet.** ☐ ☐
14. Do you hold or have you ever held a social worker training certificate? ☐ ☐
15. If you are applying for LCSW, do you hold an Advanced Practice Social Worker or Independent Social Worker certificate in Wisconsin? If yes, give certificate number _____. ☐ ☐

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Marriage and Family Therapists, and Professional Counselors and Social Work Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

Wisconsin Department of Regulation & Licensing

ADDENDUM TO APPLICATION

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996